09340

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

CERTIFICATE OF DEATH

Reg. Diat. No. 100

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Be sure the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

1. PLACE OF DEATH:

County Chas.

City or town La Plata, Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Charles

City or town La Plata, Md.

(If outside city or town limits, write RURAL and give nearest town)

Street No. —

(If rural, give LOCATION)

2.(a) If veteran, name war —

3.(a) FULL NAME Alberta Matilda Albrittain

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	white us.	married.

6.(b) Name of husband or wife Warren M Albrittain

6.(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Jan. 2, 1877

8. AGE:

Years	Months	Days	If less than one day
71	8	3	____ hrs. ____ min.

9. Birthplace Chas. Co. Md. (Town, county, and state)

10. Usual occupation Home wife

11. Industry or business

FATHER 12. Name Francis Asbury Carpenter

13. Birthplace Chas. Co. Md.

MOTHER 14. Maiden name Alberta M. Huntt

15. Birthplace Chas. Co. Md.

16. Informant Warren M. Albrittain

Address La Plata, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 9/18/48 (month) (day) (year)

Cemetery or crematory Mt. Rest.

Location La Plata, Md.

18. Funeral director Huntt & Ryan

Address Waldorf, Md.

19. 9-8 1948 (Date rec'd by registrar) Julia N. Penn Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5 September 1948 at 8:30 EST. P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 3 September 1948 to 5 Sept 1948 and that I last saw h.e.r. alive on 4 September 1948

Immediate cause of death	DURATION
Coronary thrombosis	10 min
Due to Arteriosclerosis and hypertension heart disease with myocardial changes.	4 years
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations none. Date of op. ____

Autopsy results None.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?) ____

Means of injury ____ Injured at work?

23. SIGNATURE J R Woodey, M.D. M. D. or other

Address La Plata, Md. Date signed 5 Sept 48

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09341

93d

Reg. Dist. No. 100

1. PLACE OF DEATH:
County: Charles
City or town: Marshall Hall
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Charles
City or town: Marshall Hall
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME Joseph E. DREW

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	W.

6.(b) Name of husband or wife
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Nov. 6, 1863

8. AGE: Years 84 | Months | Days | If less than one day ..... hrs. ..... min.

9. Birthplace Magnolia N.C.
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name John M. Drew
13. Birthplace England

MOTHER
14. Maiden name Martha
15. Birthplace —

16. Informant Andrew Drew
Address Marshall Hall Md

17. Burial, cremation, or removal. Which? Burial Date thereof 9-10-48 (month) (day) (year)
Cemetery or crematory Washington Natl
Location Suitland Md

18. Funeral director Hewett & Ryon
Address Waldorf Md

19. 9-9 1948 Julia H. Penn
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8 September 1948 at 10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 8 Sept 1948 to 8 Sept 1948 and that I last saw h.im alive on 8 Sept 1948

	DURATION
Immediate cause of death: Uremia	48 hrs.
Due to: Pyelonephritis	4 yrs
Due to: Arteriosclerotic heart disease.	4 years
Other conditions: Senile	

(Include pregnancy within 3 months of death)

Major findings of operation: None Date of op.

Autopsy results: none.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE J. Woods, M.D.
M. D. or other
Address La Plata, Md. Date signed 8 Sept 48

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09342

54 lb

CERTIFICATE OF DEATH

Reg. Dist. No. 105

1. PLACE OF DEATH:

County: Charles

City or town: La Plata.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 48 hrs.

Hospital, institution, or street address where death occurred: Physician's Memorial hospital.

How long in hospital or institution? 48 hrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland. County: Charles. Faulkner

City or town: Rural - Bel Alton

(If outside city or town limits, write RURAL and give nearest town)

Street No. Farm "Huckelberry"

(If rural, give LOCATION)

2.(a) If veteran, name war: ——

3.(a) FULL NAME: Eugene L. JOHNSON, Jr.

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White.	Single

6.(b) Name of husband or wife:

6.(c) If alive, give age: ..... years

7. Birth date of deceased (mo., day, yr.): March 28, 1943

8. AGE: Years: 5 | Months: | Days: | If less than one day: ..... hrs. ..... min.

9. Birthplace: La Plata, Chas. Md. (Town, county, and state)

10. Usual occupation:

11. Industry or business:

FATHER — 12. Name: Eugene L. Johnson, Sr.

13. Birthplace: Charles Co, Md.

MOTHER — 14. Maiden name: Mary L. Montgomery

15. Birthplace: Indian Head, Md.

16. Informant: Eugene L. Johnson

Address: Faulkner, Md.

17. Burial, cremation, or removal. Which? Burial. Date thereof: 9-6-48 (month) (day) (year)

Cemetery or crematory: St. Ignatius

Location: Bel Alton, Md.

18. Funeral director: Hyatt & Ryon

Address: Welcoy, Md.

19. 9-6 1948 (Date rec'd by registrar) Julia H. Posey Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 4 September 1948 at 5:45 E.S.T. P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1948 to 4 Sept 1948 and that I last saw h.. alive on 4 Sept 1948

Immediate cause of death	DURATION
Lobar pneumonia	36 hrs.
Due to: Spastic paralysis	6 days.
Due to: Malacema of Mid-brain (No biopsy taken)	11 months.
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: none. Date of op.

Autopsy results: none.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: R. Woodby M.D. M. D. or other

Address: La Plata, Md. Date signed: 4 Sept 48

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-415 9-45-15M

09343

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

932

CERTIFICATE OF DEATH

Reg. Diat. No. 100

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Charles Co.
City or town: Faulkner P.O.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 7 years
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Charles Co.
City or town: La Plata
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME: Elizabeth ashley Mc Kinley

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white	single

8.(b) Name of husband or wife ✓
8.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): March 5 1873

8. AGE: Years	Months	Days	If less than one day: hrs.	min.
75 ?	5	29		

9. Birthplace: St Louis Mo
(Town, county, and state)
10. Usual occupation: Retired
11. Industry or business:
FATHER 12. Name: Ashley McKinley
13. Birthplace: Kentucky
MOTHER 14. Maiden name: Ellen Shellcross
15. Birthplace: Kentucky
16. Informant: Elinor Wilcox McKinley
Address: 26 E-63 N Y City
17. Cremation (Burial, cremation, or removal. Which?) Date thereof: Sept 6 1948 (month) (day) (year)
Cemetery or crematory: Mt Lincoln
Location: Washington D C
18. Funeral director: S. H. Ames Co
Address: 2901-14 St. N.W. Wash 10, D.C.
19. Sept 4 1948 M. L. Mowbray
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 9-4 1948 at 12 15 P.M.
21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 10-2 1947 to 9-4 1948
and that I last saw h. alive on 9-4 1948

	DURATION
Immediate cause of death: Broncho-Pneumonia	8-25-48
Due to: Congestive Heart Failure	10-2-47
Due to: Hypertension Chronic Nephritis	?
Other conditions: Hemiplegia	

(Include pregnancy within 3 months of death)

Major findings at operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: [signature] M.D.
M. D. or other
Address: La Plata, Md Date signed 9-4-48

09344

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

932

CERTIFICATE OF DEATH

Reg. Diat. No. 100

1. PLACE OF DEATH

County: Charles

City or town: Bel Alton

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Charles

City or town: Bel Alton

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Dora Daisy Murphy

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F.	W.	Widow

6.(b) Name of husband or wife: Benj. J. Murphy

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Feb. 2, 1880

8. AGE:	Years	Months	Days	If less than one day
	68			hrs. min.

9. Birthplace: St. Mary Co. Md

(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER 12. Name: James Wilson Higgs

13. Birthplace: St. Mary Co. Md

MOTHER 14. Maiden name: Alice Welch

15. Birthplace: St. Mary Co., Md.

16. Informant: Mrs. Marie Abernethy

Address: 6300 Broad St. Wash. D.C.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 9-30-48 (month) (day) (year)

Cemetery or crematory: St. Ignatius

Location: Bel Alton Md.

18. Funeral director: Hunt & Ryon

Address: Waldorf Md.

19. 9-29 1948 Julia H. Peseny

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 9-28 1948 at 12 30 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 2-11 1948 to 9-28 1948 and that I last saw h alive on 9-28 1948

	DURATION
Immediate cause of death: Cong. Heart Failure	9-27-48
Due to: Hypertension Stroke	2-11-48
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industrial public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: [signature] M. D.

M. D. or other

Address: La Plata, Md. Date signed: 9-29-48

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09345

93C

CERTIFICATE OF DEATH

Reg. Dist. No. 106

1. PLACE OF DEATH:
County: Charles
City or town: Fenwick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 44yrs.
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Charles
City or town: Fenwick
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Martha Johnson Norris

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6.(b) Name of husband or wife: Thomas R. Norris
6.(c) If alive, give age: 47 years

7. Birth date of deceased (mo., day, yr.): June 24 1904

8. AGE: Years	Months	Days	If less than one day
44	2	23	hrs. min.

9. Birthplace: Fenwick, Md (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business: Own Home

FATHER
12. Name: Oswald L. Thee
13. Birthplace: Germany

MOTHER
14. Maiden name: Matilda Tietjen
15. Birthplace: ~~Germany~~ Newyork, N.Y.

16. Informant: Thos. R. Norris
Address: P.O. Bryans Road. Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept 20, 1948 (month) (day) (year)
Cemetery or crematory: St. Joseph
Location: Bolivet, Md.
18. Funeral director: Hunter Ryon
Address: Waldorf. Md.
19. 9-20 19 48 (Date rec'd by registrar) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: September 17 1948 at 7 45 A.M.
21. I CERTIFY that death occurred on the date above stated: that I attended deceased from ... 19... to ... 19...
and that I last saw h... alive on ... 19...

Immediate cause of death	DURATION
Chronic Myocarditis	29yrs
Due to: Rheumatic Fever	Age of 15
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide. Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: Frank Swan L-S. M. D. or other
Address: Indian Head Md. Date signed 9/17/48

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully; the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

09346

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

119a

Reg. Dist. No. 100

1. PLACE OF DEATH: Charles.
County: La Plata
City or town: (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Charles
City or town: Welcome
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Lester Queen

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	C	S

6.(b) Name of husband or wife
6.(c) If alive, give age ..... years

7. Birth date of deceased (mn., day, yr.): Aug 3, 1947

8. AGE: Years	Months	Days	If less than one day
1	1	14	..... hrs. ..... min.

9. Birthplace: Pomfret Chas.
(Town, county, and state)
10. Usual occupation
11. Industry or business
FATHER 12. Name: Paul Savoy
13. Birthplace: Chas. Co. Md
MOTHER 14. Maiden name: Louise Queen
15. Birthplace: Pomfret Md
16. Informant: Louise Queen
Address: Near Pomfret, Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof 9-19-48 (month) (day) (year)
Cemetery or crematory: St. Catherines
Location: Port Tobacco
18. Funeral director: William Queen
Address: Welcome
19. 9-19 (Date rec'd by registrar) 1948 Julia H. Posey Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 9-17 1948 at 5:45 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 9-17 1948, to 9-17 1948
and that I last saw him alive on ..... 19.....

Immediate cause of death	DURATION
Coroners Case	
Due to: Infectious Jaundice	9-15-48
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: C. Redden M.D.
M. D. or other
Address: La Plata, Md Date signed 9-17-48

M

I

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09347

61

CERTIFICATE OF DEATH

Reg. Dist. No. 100

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

1. PLACE OF DEATH:
County: Charles
City or town: La Plata
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Charles
City or town: Ironsides
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME Henrietta Elizabeth RISON

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	White	widowed.

6.(b) Name of husband or wife: Edward P. Rison

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): July 1, 1884

8. AGE:

Years	Months	Days	If less than one day
64	2	11	hrs. min.

9. Birthplace: Ironsides, Chas. Md. (Town, county, and state)
10. Usual occupation: Housework
11. Industry or business:
FATHER 12. Name: Jeremiah Posey
13. Birthplace: Chas. Co. Md.
MOTHER 14. Maiden name: Mary E. Davis
15. Birthplace: Chas. Co. Md.
16. Informant: Carroll P. Rison
Address: Ironsides
17. Burial (Burial, cremation, or removal. Which?) Date thereof 9/14/48 (month) (day) (year)
Cemetery or crematory: Bunkum
Location: Ironsides Md.
18. Funeral director: Hewitt & Rym
Address: Maedonford Md.
19. 9-17 1948 (Date rec'd by registrar) Julia H Posey Registrar

MEDICAL CERTIFICATION CST

20. DATE OF DEATH: 12 September 1948 at 6:15 P.M.
21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 11 September 1948 to Died 1948 and that I last saw h[illegible] alive on 12 September 1948

Immediate cause of death	DURATION
Hyperglycemia	12 hrs.
with coma	
Due to: diabetis mellets, untreated	years, 2
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operation: None.
Date of op.
Autopsy results: None.
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide. Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: J. R. Woodey, M.D. (M. D. or other)
Address: La Plata. Md. Date signed 12 Sept 48

09348

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

55

Reg. Dist. No. 108

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15

M

I

1. PLACE OF DEATH:
County: Charles
City or town: Hughesville
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Charles
City or town: Hughesville
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: MATHILDA SEWELL

3.(b) Social Security Number

4. Sex: F
5. Color or race: Blk
6.(a) Single, married, widowed, or divorced: MARRIED
6.(b) Name of husband or wife: John Sewell
6.(c) If alive, give age ... years
7. Birth date of deceased (mo., day, yr.): 1891
8. AGE: Years: 57 Months: Days: If less than one day ... hrs. ... min.
9. Birthplace: Hughesville Md (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business
FATHER 12. Name: Raph. Nade
13. Birthplace: Charles Co Md
MOTHER 14. Maiden name: Matilda Gross
15. Birthplace: Charles Co Md
16. Informant: John Sewell
Address: Hughesville Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof: 9-7-48 (month) (day) (year)
Cemetery or crematory: St Mary
Location: Bryantown Md
18. Funeral director: Hewitt & Ryan
Address: Waldorf Md
19. Sept 6 1948 (Date rec'd by registrar) M. L. Moore Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept 3 1948, at 6P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1948, to Sept 1948 and that I last saw her alive on Aug 28, 1948

	DURATION
Immediate cause of death: Cardiovascular Collapse	
Due to: Carcinomatoses, generalized	6 mo.
Due to: Cancer of Spleen with bone metastases	
Other conditions: to rt hip & rt. jaw	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ... Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ... Injured at work?

23. SIGNATURE: Alfred R. Lapen M.D. M.D. or other
Address: Aquasco, Md Date signed: Sept. 3, 1948

09349

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH:
County: Charles
City or town: La Plata
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred: Physicians Memorial Hospital
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Charles
City or town: Mt. Victoria
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Barber, Frederick Stone

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	S

6.(b) Name of husband or wife
6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.): 9-26-1880

8. AGE: Years 67 | Months 11 | Days 26 | If less than one day ... hrs. ... min.

9. Birthplace: Mt Victoria (Town, county, and state) Md.
10. Usual occupation: Game Warden
11. Industry or business:
FATHER 12. Name: Yates Barber
13. Birthplace: Chas. Co. Md.
MOTHER 14. Maiden name: Eliza Crain Morgan
15. Birthplace: Chas. Co. Md
16. Informant: Bernard L. Stone
Address: 3333 Stevenson Place N.W. Washington D.C.
17. (Burial, cremation, or removal. Which?) Burial Date thereof: 9/23/48 (month) (day) (year)
Cemetery or crematory: Christ Church
Location: Wayside, Md.
18. Funeral director: Hulett & Ryon
Address: Waldorf, Md.
19. 9-22 1948 (Date rec'd by registrar) Julia H. Posey Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 9-21 1948 at 6 30a M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 9-18 1948, to 9-21 1948
and that I last saw him alive on 9-21 1948

	DURATION
Immediate cause of death: Congestive Heart Failure	3 Hr
Due to: Arterio sclerotic Heart Disease	10 Yr
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings of operation
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide. Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: E. J. Edelen M. D.
M. D. or other
Address: La Plata Md. Date signed: 9-21-48

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M